A Family Guide

For the Intensive Care Units
Thank you for choosing Mount Carmel Health System. This guide will help you understand what is happening with your loved one in the Intensive Care Unit. Please let us know if you have any concerns and how we can assist you during this time.
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Directions to the Intensive Care Units at Mount Carmel West Hospital

Patient’s Unit

Room Number: _______

CVICU: Cardio-Vascular Intensive Care Unit
Take the Tower Elevators to the 4th floor
Unit Phone Number: 614-234-3800

MCICU: Medical Cardiac Intensive Care Unit
Take the Tower Elevator to the 4th Floor
Unit Phone Number: 614-234-5085

NICU: Neurological Intensive Care Unit
Take the Central Elevators to the Eighth floor
Unit Phone Number: 614-234-3737

SICU: Surgical Intensive Care Unit
Take the Tower Elevators to the 4th floor
Unit Phone Number: 614-234-5847

Patient’s Find Code: ____________
(The number you will need to call in for updates, which ensures patient confidentiality. See page 15 for more information.)

Visiting Hours:
5:00 a.m. – 6:30 a.m.
9:00 a.m. – 1:00 p.m.
4:00 p.m. – 6:00 p.m.
8:30 p.m. – 10:00 p.m.

Mount Carmel West
793 West State Street
Columbus, Ohio 43222
614-234-5000
What is the Intensive Care Unit?

Welcome. Your family member has been admitted to an Intensive Care Unit because the doctors have determined that your loved one is very ill and needs close observation and monitoring.

Mount Carmel West has four Intensive Care Units (ICUs):

- CVICU: Cardiovascular Intensive Care Unit
  For patients who have had heart or lung surgery
- MCICU: Medical Cardiac Intensive Care Unit
  For patients with medical or heart conditions
- NICU: Neurological Intensive Care Unit
  For patients with neurological or neurosurgical needs
- SICU: Surgical Intensive Care Unit
  For patients who have had surgery

Patients in ICUs are treated by a team of healthcare members. This team includes: the critical care doctor, the patient’s attending doctor, other doctors who have been consulted, residents, critical care nurses, pharmacists, respiratory therapists, nutritional support staff, physical therapists, case managers, and chaplains.

This guide will help you understand what is happening with your loved one in the Intensive Care Unit. Please let us know if you have any concerns and how we can assist you during this time.
When Can I See My Loved One?

If you are like most families, you want to see your loved one as quickly as possible. Often people become worried or anxious with any delays in being able to visit. Rest assured that the intensive care your loved one needs has started the second they arrive.

Patients come to the ICU from the emergency room, a medical floor, the operating room, or as a direct admit from another hospital. When a person arrives in intensive care, the medical team works to stabilize the patient. The patient may need extra monitoring, IVs or other access lines which allow medication to be given. Often these are sterile procedures, and neither families or staff members who are not helping with the procedure may enter the patient’s room at this time. We may also need to check the patients' heart rhythm with an EKG or complete a series of X-rays. Some of these scans give off radiation that could place a visitor at risk.

This care takes time and may delay you from seeing your loved one right away. The chaplain or nurse will keep you updated. Unless there is an emergent medical situation, the normal visiting hours on page 2 will be followed.
Who Makes Up the Team in the ICU?

Interdisciplinary Team

We are committed to giving quality service in a caring manner. This is why patients in the ICU are treated by a team of healthcare professionals. Doctors round on their patients daily. Your loved one will also be cared for by a variety of health care professionals as described below.

The interdisciplinary team includes:

Doctors

While in the ICU, your loved one will be seen by different doctors based on the patient’s diagnosis. This could include their attending physician or surgeon, critical care physicians, other specialists, and residents.

Nursing Staff

Our nursing staff will provide quality care to your loved one during his/her stay in the ICU. The names of the patient’s nurse and patient care assistant (PCA) for the shift are written on the board at the bedside. Report is given at the bedside when care is handed off to the next nurse. The patients’ involvement in report and plan of care is welcomed.
Other Team Members

Many members of our team are working behind the scenes to care for the patient. Our pharmacists, radiologists, and respiratory therapists work to ensure all ordered treatments are given.

The Case Manager/Social Workers play a key role in assisting you with insurance matters and by making discharge plans.

Hospital chaplains are available 24 hours a day to help you or your loved one. Tell your nurse if you would like to speak with a chaplain or if you have spiritual concerns.
Doctors Attending to My Loved One’s Care in the ICU

You can fill in the names:

Attending ICU Doctors ________________________
____________________________________________

Primary Care Doctors _________________________
____________________________________________

Medical/Surgical Resident _____________________
____________________________________________

Cardiologist (Heart)
____________________________________________

Pulmonologist (Lungs)
____________________________________________

Nephrologists (Kidneys)
____________________________________________
Neurologist (Brain and Spinal Cord)

Infectious Disease

Surgeon

Psychiatrist

Palliative Care/Pain Management
Consider Asking the Doctor

Not all of these questions should be asked at one time.

- What is wrong with my loved one?
- What is his/her prognosis?
- What is your greatest concern?
- Were there any changes in his condition overnight?
- When do you normally speak with family members?
- What information can I give to you that might be helpful?
- Are we adding any other specialists to the ICU team?
- What are the current treatment options?
- What is the main message you need our family to hear today?
- Is my loved one in pain? How can you tell?
- Should we address my loved one’s code status?
- How will you know if he/she needs to go on or come off the ventilator?
- What happens after he/she leave the ICU?
- How long do you think he/she will be in the hospital?
Questions to Ask the Nurse

- Do you have my correct name and phone number?

- Do you need a copy of my loved ones Living Will or Durable Power of Attorney for Healthcare?

- What changes are you seeing in my loved one?

- What medications are being given and what is each one for?

- What do these devices do: ventilator, dialysis, chest tubes, other?

- Who should I call with questions when I am not here?

- Does my loved one seem to be in pain to you?

- What concerns you most about my loved ones condition?

- What information can I give you that would be helpful?
Questions to Ask the Case Manager or Social Worker

• Do you have my loved ones insurance information?

• Is there a financial aid person who can assist us?

• What nursing homes or rehabilitation facilities could my loved one go to?

• Is he/she eligible for Medicaid?

• Can we arrange for care at home once he/she improves?

• Who makes decisions for my loved one when he/she can’t speak for himself?
How You Can Help the ICU Team

Information to Share

Please tell us:

- Two people who we can call as emergency contacts.
- If your loved one is allergic to any medications.
- If he/she has been admitted to any other hospital recently.
- The patient’s normal level of functioning both physically and mentally.
- Whether your loved one has a Living Will or Health Care Power of Attorney.
- If he/she has ever talked about medical preferences or wishes.
- How your loved one feels about long term care or nursing homes.
Visiting Guidelines

When visiting any of the ICUs, please:

• Limit your visit to 20 minutes to avoid tiring the patient.
• Do not bring food or drinks into the unit.
• Have only 2 visitors in a room at one time.
• Check at the nursing station before entering the room if the curtain or door is closed.
• No children under the age of 14 are permitted in any of the intensive care units.
• No gifts of fresh flowers or fruit are permitted in patient’s rooms.

Hand Washing

A patient in the ICU may be exposed to many types of germs. As a visitor, it is important to know that washing your hands or using the hand sanitizer provided on the wall outside the patient’s room will help keep you healthy and the patient protected from outside germs, viruses or bacteria. You need to wash your hands both as you come to visit and as you leave.

If you have a cold or flu symptoms please think about waiting to visit until your symptoms have cleared. If this is not possible, ask the nurse to provide you with a mask that covers your nose and mouth.
Self Care

It will be important to take care of yourself while we are taking care of your loved one. The chances of you feeling exhausted or discouraged, or having blood sugar changes or unclear thinking, are high. Many families find it helpful to:

- Take shifts with visiting so that no one is here around the clock.
- Try not to stay overnight. Resting in your own bed is best.
- Ask about hotels close to the hospital if you live far from the hospital.
- Dress in layers. The ICU rooms are often cooler than the waiting rooms.
- Bring your medications from home if you to take them on a regular schedule. We can not provide these here at the hospital.
- Eat regular and healthy meals and drink enough fluids.
- Go for a short walk if you have been sitting for more than one hour.
- Bring in something to pass the time such as a book or music.
- Call a friend to be with you if you are here alone.
- Let us know if you would like us to contact your pastor or spiritual leader.
- Go to the chapel if you wish to – it is on the second floor by the gift shop.
Phone Updates

For any questions about your family member’s condition, you may call the unit to ask for a status report from the nurse. (See page 2 for telephone numbers.) Due to patient confidentiality, you will be asked to provide a “FIND CODE” to identify yourself. The “FIND CODE” will be given to a family member upon admission to the MCICU. **Anyone calling to receive information about a patient must have the “FIND CODE”, or no information will be given.** Our nurses are very busy and may not be able to answer your call right away or may need to call you back at a later time.

Surveys

Please take the time to complete the patient satisfaction survey you will find in this folder. The survey can be given to anyone at the nurses’ station when it is completed. We want to know what we do well and what we need to improve on so our patients receive the best care. If you have concerns that need to be addressed right away, please ask to speak with the charge nurse.
What Does Code Status Mean?

When your loved one is admitted to the ICU the doctors will ask you about code status.

A code status is the level of resuscitation that the patient has chosen and the medical team will honor. In the state of Ohio there are three levels of resuscitation status. A patient is assumed to be a FULL CODE unless his/her doctor has written an order to change the code status or spoken to the legal decision maker about the patient’s medical preferences.

**Full Code:** Any and all treatments will be given to resuscitate the patient.

**DNRCC-A:** Ohio’s Do-Not-Resuscitate (DNR) Law gives a person the opportunity to exercise her right to limit care received in emergency situations or special circumstances. “Special circumstances” include care received from emergency personnel when 911 is dialed.

The law authorizes a doctor to write an order to let health care personnel know that a patient does not wish to be resuscitated in the event of a cardiac arrest (no pulse) or respiratory arrest (no breathing or labored breathing at end of life). All other medical measures may be used if the doctor feels it will benefit the patient.

**DNRCC:** The DNRCC Order provides the person any care that eases pain and suffering, but no resuscitative measures to save or sustain life.
This table may help you to better understand code status terms.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Decision to be Made</th>
<th>Full Code</th>
<th>DNRCC-Arrest</th>
<th>DNRCC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Chest Compressions are known as “CPR.”</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Defibrillation “Shocks” used to shock the heart into rhythm.</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Artificial Ventilation is often called “Life Support” and means one is on a ventilator or being bagged.</td>
<td>Yes</td>
<td>Based On Patient Preference</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardiac Monitoring</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drugs used to attempt to prevent or reverse death.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Placing an IV to attempt to prevent or reverse death.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Honoring patient wishes by treating him/her the way he/she would want to be treated.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Who Can Make Decisions on a Patient’s Behalf?

In most cases the patient is the only person who decides the types of treatments, procedures, and what code status they and their doctor feel are appropriate during this hospital stay.

Sometimes a patient is unable to make medical decisions and has assigned an “agent” to represent his medical preferences. If the patient has a Living Will or Health Care Power of Attorney he will have chosen a person who can speak on his behalf. If neither has been completed the medical team would abide by the State of Ohio’s designation for determining the patient’s legal next of kin.

The State of Ohio has determined the order of legal next of kin is as follows:

- Healthcare Power of Attorney
- Court appointed Guardian
- Spouse, unless legally separated
- Adult children (majority of patient’s adult children who are available within a reasonable period of time for consultations.)
- Parents
- Adult brother or sister or majority of siblings who are available within a reasonable period of time.
- The nearest adult who is not described above and who is related to the patient by blood or adoption and is available within a reasonable period of time for consultation.
Palliative Care in the Intensive Care Unit

Having a family member in the intensive care unit can be a very scary time. Things can happen quickly, and patients and their families often face many challenges. This can be very stressful. Not knowing what to expect and feeling fearful are common.

For some patients, the palliative care team is a helpful resource that your doctor may consult. This is a team made up of specially trained doctors who are experts in looking at the “big picture”. They get to know the patient’s needs better, and work together with the family and the patient to choose the most appropriate ongoing care.

This team works closely with the attending doctor and other specialists on the ICU Team. The goals of the palliative care are to:

- Support informed decision-making and ensure that the patient’s and family’s wishes and goals are respected.
- Promote dignity and quality of life for the patient and family.
- Provide the best methods of pain relief and other symptom relief.
- Provide care to meet the needs of body, mind and spirit.
The Palliative team will listen to the hopes, wishes, values and goals of care of the patient and family. They will talk to you about the probable course of the patient’s illness. This may include talking about:

- Current symptoms and treatments
- Decisions about life-sustaining and life extending measures
- Plans for a changing or worsening condition
- Choice of a decision-maker should the need arise if the patient is no longer able to make decisions on his/her own
- Arrangements for post-hospital care

Giving support and information are important in providing quality care. The palliative care service joins the medical team to assure that your loved one will receive the very best care possible.
The ICU Team and YOU

Together We’re Better

You play an active role in helping us to care for your loved one. Your understanding of his/her preferences and goals will better equip all of the ICU team to set treatment goals and plans of care. Please feel free to share any information with us.